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PTO/SB/21 (09-06)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/675,324
Filing Date	September 29, 2003
First Named Inventor	David Cormier
Art Unit	3743
Examiner Name	Shumaya B. Ali
Attorney Docket Number	CORM3001/JJC

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) and Change of Correspondence Address
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BACON & THOMAS, PLLC		
Signature	/Justin J. Cassell, Reg. # 46,205/		
Printed name	JUSTIN J. CASSELL		
Date	December 20, 2006	Reg. No.	46,205

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name		Date	

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PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/675,324
Filing Date	September 29, 2003
First Named Inventor	David Cormier et al.
Art Unit	3743
Examiner Name	Shumaya B. Ali
Attorney Docket Number	CORM3001/JJC

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

23364

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

23364

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature /Tatjana Latinovic/

Name Tatjana Latinovic, Intellectual Property Manager, R&D at Ossur, hf

Date December 19, 2006

Telephone 011 354 515 1300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Application No.:	10/675,324	Examiner:	Shumaya B. Ali
	Patent No. 7,037,287		
Filing Date:	September 29, 2003	Art Unit:	3743
First Inventor:	David Cormier et al.	Customer No.:	23364
Attorney No.:	CORM3001/JJC	Confirm. No.:	
For:	ADJUSTABLE ERGONOMIC KNEE BRACE		

Statement Under 37 CFR 3.73(b)

And

Change of Correspondence Address

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This document is being filed with a copy of a "Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address" signed by the Assignee and sets forth the chain of title of the above-identified application.

Please recognize or change the correspondence address for the above-identified application to Customer No. 23364.

A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee is as follows:

1. From: Inventors To: Royce Medical Company

Application No.: 10/675,324
Art Unit: 3743

The document was recorded in the United States Patent and Trademark Office at Reel 015579 Frame 0080.

2. Össur hf is the successor to Royce Medical Company, and therefore has ownership of this application through the acquisition of Royce Medical Company by Össur hf.

The undersigned is an agent of Customer Number 23364 and is authorized to act on behalf of the assignee as provided in the attached copy of the "Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address." All correspondence is to be directed to Customer No. 23364.

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Date: December 20, 2006

Respectfully submitted,

/Justin J. Cassell, Reg. # 46,205/

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